

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4332</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Conard</u> <u>C</u> <u>Fowkes</u> P.O. Box, Bldg., Room No., if any <u>c/o VITA 14th Floor</u> Street <u>165 West 46th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036 2598</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006-029</u> P.O. Box, Building and Room Number, if any Street <u>165 West 46th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036 2598</u>
5. Position in labor organization. <u>Secretary/Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>See attached</u> Trade Name, if any: <u>See attached</u> P.O. Box, Bldg., Room No., if any <u>See attached</u> Street <u>S/A</u> City <u>S/A</u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u>See attached statement</u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Conard C Fowkes

On

07/20/05
Date

212-869-8530

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Not applicable

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Not applicable

12.b. Amount.

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

Not applicable

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

ATTACHMENT TO DOL FORM LM-30

Date: 07/26/2005

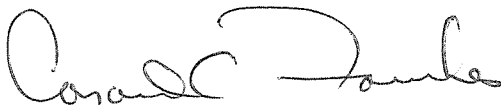
Name of person filing report: Conard C. Fowkes

Labor organization: Actors' Equity Association
165 West 46th Street
New York, NY 10036

Labor organization file number: 006-029

Response to question 7 a. Nature of Interest, Transaction, or income.

I have been asked, as a theater professional, to participate as a voter in the annual Tony Awards, sponsored by the American Theatre Wing, the non-profit organization that oversees the awards. To that end the producers of "Tony Nominated" productions (and those productions they hope will be nominated) provide Tony voters with a pair of complimentary tickets so that they may fulfill this voluntary obligation. Note that "Tony voters" include professionals from all precincts of Broadway theater, including many management representatives. During the year 2004 I accepted complimentary tickets to some 35 theatrical productions, the value of which is difficult to determine precisely because of varying pricing policies on the part of producers (e.g., subscription rates, day-of-performance discounts, "twoofers", house seats, etc.)


07/26/05